

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041873

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 522

FILED NOV 29 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Cape Girardeau

Length of stay in lb

1 month

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Scott

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Benton

d. STREET ADDRESS (If outside, give location)

W. of HiWay # 61 in town

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
Solomon

Middle

Last  
Diebold4. DATE  
OF  
DEATHMonth  
Nov. 20, 1962Day  
Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-23-1866

## 9. AGE (last birthday)

96

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

New Hamburg, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Jacob Diebold

## 13b. MOTHER'S MAIDEN NAME

Matilda Gauthier

## 14. NAME OF HUSBAND OR WIFE

Lena Littlefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Address

Mrs. V. Anderson Tulsa, Okla.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN  
ONSET AND DEATH

?

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-15-57 to 11-20-62 and last saw him alive on 11-19-62  
Death occurred at 9.50 A. M. on 11-20-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Charles F. Wilson M.D.

## 22b. ADDRESS

Cape Girardeau, Mo.

## 22c. DATE SIGNED

11-21-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

11-22-1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Lawrence Cemetery

## 23d. LOCATION (City, town, or county)

New Hamburg, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Ford &amp; Sons

Benton, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-26-62

## 26. REGISTRAR'S SIGNATURE

James Kasten

Body to Doctor 11-20-62  
Picked up 11-24-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.